**Policy Statement**

**CLHO Committee:** Communicable Disease

**Policy Statement:** The Coalition of Local Health Officials (CLHO) supports a robust Public Health Lab as a vital component of the Oregon public health system in rapidly detecting and protecting communities from public health threats.

**Policy Positions:** CLHO Supports Legislation that:

* Provides sufficient funding for the Oregon State Public Health Laboratory (OSPHL) and increased capacity for ongoing improvements of the OSPHL
* Protects the vital role of the OSPHL within the public health system
* Sustains capacity for laboratory services necessary for public health surveillance and disease control

**Public Health Issue that Policy Statement is Addressing:**

* Infectious disease control and surveillance
* Clinical testing
* Access to a full spectrum of laboratory services needed to support public health and address the needs of the Oregon population as a whole

**Justification (data supporting the need to work on this issue):**

Communicable diseases are a serious public health issue that impact both individuals and communities throughout the state of Oregon. In 2016, there were over 32,000 cases reportable communicable disease and over 300 outbreaks in Oregon.2-4 The economic impact of foodborne illness alone, is estimated to cost Oregon $229 million per year in healthcare costs, lost productivity, and premature death.5 Protecting the population from communicable disease is one of the priority areas identified in Oregon’s 2015-2019 State Health Improvement Plan6 and Communicable Disease is a foundational program in Oregon’s Public Health Modernization framework.

The Oregon State Public Health Laboratory (OSPHL) plays a key role in addressing communicable disease in Oregon, performing testing required for public health purposes that commercial laboratories do not perform. Unlike commercial labs, the OSPHL serves the statewide community rather than individual patients. This uniquely shapes the testing they provide to meet the public health system’s needs. For example, many private clinical labs are moving to testing methods called culture-independent diagnostic tests for diagnosing gastrointestinal infections such as food poisoning. This move to new methods is due to considerations such as speed, cost, and ease of use which are important in medical treatment of individuals but often ignore public health considerations.5, 6 The traditional method of bacterial culture is needed to perform tests that can link cases of illness together to identify an outbreak.7,8 OSPHL performs these tests of public health importance which have been critical in leading to disease control and prevention efforts, such as recalling contaminated food products. These actions prevent illness, hospitalizations, and deaths.

The OSPHL is an important part of the Oregon communicable disease control system for several reasons. It:

* Acts as a center of unique expertise for identification of infectious disease agents.
  + Often the first laboratory with capability to test for emerging pathogens, such as Middle East Respiratory Syndrome (MERS) and Zika virus
  + The only laboratory in Oregon that can confirm the presence of a suspect agent of bioterrorism, such as anthrax or plague
* Provides laboratory testing services not available in other clinical laboratories, such as:
  + Tests for rare and high-risk diseases (i.e., botulism and rabies)
  + Molecular tests to subtype pathogens (i.e., influenza and foodborne pathogens) which allow for enhanced surveillance and identification of clusters and outbreaks
* Provides access to affordable testing services for under-insured individuals
  + Collaborates with the State sexually transmitted disease (STD) program to provide STD testing for at-risk populations; testing funded by this program is only available through the OSPHL
* Provides tuberculosis testing for initial diagnosis and case monitoring during treatment to support patient treatment and infection control efforts
* Connects the state to national surveillance programs, which allows state and local public health agencies to identify local Oregon cases associated with national outbreaks

**Role of Local Public Health (promising practice/evidenced-based work)**

Local public health departments are at the forefront of protecting Oregonians from communicable disease. Oregon Administrative Rules identify over 60 reportable communicable diseases and conditions that are of public health interest in Oregon. When any health care provider or laboratory encounters a case of one of these diseases, they report it to local public health departments. Local public health departments then conduct investigations of these cases to identify potential sources of the disease and identify other persons who may be at risk. When investigations reveal actions that can contain and mitigate disease, local public health departments organize responses within their jurisdictions to prevent further spread of disease.

According to ORS 433.012,“The Oregon Health Authority shall provide the necessary laboratory examinations requested by local health departments for the diagnosis of communicable diseases identified by rule of the authority to be a reportable disease.” The accurate testing the OSPHL provides can rule out assumed connections, identify specific strains of bacteria, and identify other connections between cases that are not otherwise readily apparent (aka clusters). These services ensure that limited local public health staff capacity is appropriately directed. Conversely, gaps in the testing services available through OSPHL make local investigations less efficient. For instance, the inability to test food and environmental samples at OSPHL necessitates sending these samples to a different, out-of-state lab during an outbreak.

The connection between OSPHL and local public health has been essential in high profile outbreaks where resources need to be deployed timely and accurately. In recent meningococcal disease outbreaks on Oregon college campuses, for example, bacterial subtyping by OSPHL allowed local public health departments to connect cases of illness together. This allowed local public health to identify and track the outbreak and to respond with vaccination campaigns specific to the outbreak strain to prevent further illness.

Though the focus of this statement is OSPHL’s communicable disease testing function as an example of its vital role within Oregon’s public health system, it is important to note that this is only one component of a broad scope of activities that includes clinical laboratory testing for newborn screening and accrediting clinical and environmental laboratories in Oregon. All of these functions are important to protecting the health of Oregonians.

**Connection to Modernization Manual Foundational Programs/ Capabilities**

Foundational Programs:

Access to Clinical Preventative Services

Communicable Disease

Environmental Health

Health Promotion & Prevention

Foundational Capabilities:

Assessment & Epidemiology

Policy & Planning

Leadership & Organizational

Health Equity

Communications

Community Partnerships

Emergency Preparedness

References used in developing this Policy Statement:

1 Oregon Health Authority. Selected Reportable Communicable Disease Summary 2016. Published Jan 2018. <https://apps.state.or.us/Forms/Served/le8645.pdf>

2 Oregon Health Authority. Statewide STD Rates for Chlamydia, Gonorrhea and Syphilis 2007-2016. <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/STD/Documents/county/StatewideSTDrates.pdf>

3 Oregon Health Authority. Statistics, Information and Data Regarding HIV in Oregon. <https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/HIVData/Pages/index.aspx>

4 Oregon Health Authority. The Health and Economic Benefits of Public Health Modernization in Oregon. Published Sept 2016. <https://apps.state.or.us/Forms/Served/le9959.pdf>

5 Oregon Health Authority. State Health Improvement Plan, 2015 -2019. <https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/oregon-state-health-improvement-plan.pdf>

6 Langley, et al. 2015. Effect of Culture-Independent Diagnostic Tests on Future Emerging Infections Program Surveillance. *Emerging Infectious Diseases* 21(9): 1582-1588. <http://dx.doi.org/10.3201/eid2109.150570>

7 Washington State Department of Health. 2016. Culture-Independent Diagnostic Tests. *EpiTrends* 21(3). <https://www.doh.wa.gov/Portals/1/Documents/5100/420-002-epitrends2016-03.pdf>